

---

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

---

In re application of: Albertson et.al.

Attorney Docket No.: UCOTP089 /  
1999-140-1

Application No.: 09/285,292

Examiner: Harris, Alana M.

Filed: 04/02/1999

Group: 1643

Title: CYP24 EXPRESSION LEVEL AS A  
MARKER FOR PREDISPOSITION TO CANCER

Confirmation No.: 3543

---

**CERTIFICATE OF EFS-WEB TRANSMISSION**

I hereby certify that this correspondence is being transmitted electronically through EFS-WEB to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on November 11, 2008.

Signed: /Swapnali Joshi/  
Swapnali Joshi

**REQUEST FOR CONTINUED EXAMINATION (RCE)  
(37 CFR §1.114)**

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) of the above-identified application.

**1. Submission required under 37 C.F.R. §1.114:**

- a. ☐ Previously submitted
  - i. ☐ Consider the amendment/reply under 37 C.F.R. §1.116 previously filed on \_\_\_\_\_.  
(Any unentered amendment referred to above will be entered.)
  - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.
  - iii. ☐ Other \_\_\_\_\_.
- b. ☒ Enclosed
  - i. ☒ Amendment/Reply
  - ii. ☐ Affidavit/Declaration
  - iii. ☒ Information Disclosure Statement with Form PTO-1449  
☒ Copies of IDS Citations
  - iv. ☐ Other \_\_\_\_\_.

2. **Fees:** (The RCE fee is required at the time the RCE is filed.)

Fee Calculation (37 CFR §1.16)

	Claims After Amendment		Highest Previously Paid For	Present Extra	Large Entity Rate Fee
Total Claims	17	MINUS	70	0	x 50 =
Independent Claims	01	MINUS	05	0	x 210 =
Multiple Dependent Claim Present and Fee Not Previously Paid					\$
Fee for Request for Continued Examination Under 37 C.F.R. §1.17(e)					\$810.00
TOTAL					\$810.00
SMALL ENTITY 50% FILING FEE REDUCTION (if applicable)					

- ☐ a. Applicant hereby petitions for a \_\_\_\_\_ month extension of time.
- ☒ b. Applicant believes that no (additional) extension of time is required; however, if it is determined that such an extension is required, Applicant hereby petitions that such an extension be granted and authorizes the Director to charge the required fees for an extension of time under 37 CFR §1.136 to Deposit Account No. 504480 (Order No. UCOTP089).
- ☐ c. Enclosed is our Check No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ to cover the RCE fee, extension of time and additional fees.
- ☒ d. The Director is authorized to charge any fees beyond the amount enclosed which may be required, or to credit any overpayment, to Deposit Account No. 504480 (Order No. UCOTP089)

3. ☒ Please continue to send correspondence to the following address:

**Customer Number 022434**

022434

Date: November 11, 2008

/Emily M. Haliday/

**Emily M. Haliday**  
Registration No. 38,903